

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (If applicable)

Office Sought

District (If Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

515-462-2579
TELEPHONE

4-21-08
DATE SIGNED

I AM FILING A April 21, 2008 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

April 22, 2008

County & Local Committees, enter County in
which Election is held
Madison

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,875.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,875.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,912.57 #3

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 4,962.43

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 568.95

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 76.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/14/08	ID# CK# 2152	Dr Doyle Scott 1711 Patricia Acres, Winterset IA	N/A 50273	\$ 100 ⁰⁰	<input type="checkbox"/>
2/19/08	ID# CK# 8427	Reiggy Casper PO Box 329, Winterset IA	N/A	100 ⁰⁰	<input type="checkbox"/>
2/20/08	ID# CK# 6619	John Cooper 223 E Court, Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 1076	Wayne Martens 1426 W. Court Ave Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
2/25/08	ID# CK# 11021	John Pletcher 423 E Jefferson Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
2/28/08	ID# CK# 1074	Jeff Nolen 721 N 14th Ave Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
3/3/08	ID# CK# 5638	Joan Loftus 718 N 16th Ave, Winterset	N/A	20 ⁰⁰	<input type="checkbox"/>
3/4/08	ID# CK# 12200	Exchange St Bank John Wayne Drive, Winterset	N/A	250 ⁰⁰	<input type="checkbox"/>
3/4/08	ID# CK# 1902	Hal Jackson 218 So 4th Ave Winterset	N/A	100	<input type="checkbox"/>
3/7/08	ID# CK# 8129	R.A. Snyder 1541 Quarry Trail	N/A	100 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$970

TOTAL (if last page of this schedule)

\$

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/7/08	ID# CK# 3061	Paul Cain 1578 McBride Rd, Winterset	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
3/7/08	ID# CK# 7803	John Sprea 1767 Hwy 92, Winterset	N/A	250 ⁰⁰	<input type="checkbox"/>
3/7/08	ID# CK# 4523	David Trusk 515 West Benton	N/A	50 ⁰⁰	<input type="checkbox"/>
3/7/08	ID# CK# 2588	John Corkreer 318 South 10th Ave	N/A	20 ⁰⁰	<input type="checkbox"/>
3/10/08	ID# CK# 110345	Montross Pharmacy Jenny Schentleger, 120 N 1st Winterset	N/A	300 ⁰⁰	<input type="checkbox"/>
3/10/08	ID# CK# 2179	Leon Hendricks 1411 W. Court Ave, Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
3/10/08	ID# CK# 4463	Chris Nolte 1410 W. Washington Winterset	N/A	25 ⁰⁰	<input type="checkbox"/>
3/10/08	ID# CK# 7112	Anna Maria Wedle 2549 Quiet Lane, Rmn, IA 50222	N/A	100 ⁰⁰	<input type="checkbox"/>
3/10/08	ID# CK# 5733	Jackson Medical Supply 104 N 1st Ave, Winterset	N/A	300 ⁰⁰	<input type="checkbox"/>
3/11/08	ID# CK# 3787	Gaylene Blankens 1009 W South, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1295

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Vote Yes

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/11/08	ID# CK# 1549	Jim Mease 315 W. Green, Winterset, IA	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
3/11/08	ID# CK# 1720	Tom Leners 820 N 8th Ave, Winterset	N/A	125 ⁰⁰	<input type="checkbox"/>
3/11/08	ID# CK# 7109	Hal Chase 40689 Kingman Blvd, DM, IA 50341	N/A	100 ⁰⁰	<input type="checkbox"/>
3/11/08	ID# CK# 5588	S. James Smith PO Box 312 Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
3/12/08	ID# CK# 2628	Sant Ahrens 3205 Cedar Bridges Rd Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
3/12/08	ID# CK# 1656	Kent Kiburn 2303 W. Summit Winterset	N/A	1,000 ⁰⁰	<input type="checkbox"/>
3/13/08	ID# CK# 62394	Union St Bank 201 W Court Ave Winterset	N/A	250 ⁰⁰	<input type="checkbox"/>
3/13/08	ID# CK# 4375	Marianna Fone 216 W. Jefferson, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/14/08	ID# CK# 1232	Eric Johnson 720 N 9th Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/14/08	ID# CK# 82319	Farmers & Merchants St Bank 101 W Jefferson	N/A	250 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 2075

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/14/08	ID# CK# 6526	Gary Emmert 525 W. Mills, Winterset	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
3/15/08	ID# CK# 4006	Charlotte Speer State Farm 61 Green St, Winterset	N/A	20 ⁰⁰	<input type="checkbox"/>
3/15/08	ID# CK# 5745	Gary Anker 1423 W. Washington, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/19/08	ID# CK# 9552	Annette Purdy 719 S 17th Ave Winterset	N/A	30 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 2187	Marcia Harris 530 NE Cherry Ave. Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 8039	Shane Pashek 2214 - 196th CT, Winterset	N/A	100 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 1043893680	Janice Benes 1811 Highway 169, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 4023	Gretchen Holcomb 1631 Roseman Bridge Rd, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 5263	Greg & Criswell 1865 McBride Rd Van Meter, IA 50261	N/A	100 ⁰⁰	<input type="checkbox"/>
3/24/08	ID# CK# 1036	Jennifer Corkreen 204 1st Ave, Winterset	N/A	30 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 505	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Vote Yes

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/26/08	ID# CK# 10247	Kathryn Schmitt 118 South 6th Ave, Winterset	N/A	\$ 50. ⁰⁰	<input type="checkbox"/>
3/26/08	ID# CK# 9575	Patrick Corkren 909 N 9th Ave, Winterset	N/A	100. ⁰⁰	<input type="checkbox"/>
3/26/08	ID# CK# 10312	Ochiltree Funeral Service 1823 N John Wayne Dr, Winterset	N/A	100. ⁰⁰	<input type="checkbox"/>
3/29/08	ID# CK# 8025	Phillip Clifton 2223 - 24th CT, Winterset	N/A	100. ⁰⁰	<input type="checkbox"/>
3/31/08	ID# CK# 7863	Joyce Larson 1712 W Summit St, Winterset	N/A	50. ⁰⁰	<input type="checkbox"/>
4/1/08	ID# CK# 6825	Vincent Manti 1729 Pammel Park Rd, Winterset	N/A	200. ⁰⁰	<input type="checkbox"/>
4/1/08	ID# CK# 4515	Ree de Regnier 2287 Carver Rd, Winterset	N/A	200. ⁰⁰	<input type="checkbox"/>
4/1/08	ID# CK# 2752	John Knobloch 322 W Court Ave, Winterset	N/A	25. ⁰⁰	<input type="checkbox"/>
4/2/08	ID# CK# 09746	Madison County Abstract Co 102 W. Court Ave Winterset	N/A	500. ⁰⁰	<input type="checkbox"/>
4/3/08	ID# CK# 8868	Molly Clark 302 W. Court, Winterset	N/A	200. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$1525	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/8/08	ID# CK# 7407	Cynthia Boyd 2961 Hickory Ridge Rd, St Charles, IA 50240	N/A	\$ 20 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 3049	Angie Olson 1500 W. Washington St, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 1358	Magen Barrett 600 N. 8th Ave, Winterset	N/A	25 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 2224	Robert Newton 2310 Kippy Lane, Winterset	N/A	30 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 2967	Dr Joseph Kimball 214 N 8th Ave, Winterset	N/A	75 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 5353	Bob Weeks 2105 N. John Wayne Rd Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
4/8/08	ID# CK# 23654	Brenda Hollingsworth 2452 Millstream Ave, Winterset	N/A	150 ⁰⁰	<input type="checkbox"/>
4/9/08	ID# CK# 3287	Mike Motsinger 2247 Helliwell Valley Ct, Winterset	N/A	25 ⁰⁰	<input type="checkbox"/>
4/15/08	ID# CK# 4650	Debi Corkrean 622 W. Court Ave, Winterset	N/A	30 ⁰⁰	<input type="checkbox"/>
4/16/08	ID# CK# 3913	Ben Applegate 2061 - 226th Ct, Winterset	N/A	50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 505	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/4/08	ID# CK# 01	Newton Mfg 1123 1st Newton, IA 50208	Window Stickers Mktg	\$296. ⁹⁰ ₋
3/3/08	ID# CK# 02	Newton Mfg 1123 1st Newton, IA 50208	Window Stickers - Balance of invoice - Mktg	27. ¹⁸ ₋
4/2/08	ID# CK# 03	Newton Mfg 1123 1st Newton, IA	Stickers Mktg	164. ⁹⁰ ₋
4/3/08	ID# CK# 04	US PS - Winterset, IA 50273	Bulk Mail Postage Mktg Letter	218. ⁸⁹ ₋
4/3/08	ID# CK# 05	Copy Plus 121 W Count Court Ave, Winterset	Mailers + Envelopes Mktg Letter	177. ³⁵ ₋
4/3/08	ID# CK# 06	Union St Bank 201 W Court Ave Winterset	Reimbursement for postage - mailer	410. ⁸² ₋
4/16/08	ID# CK# 07	Jeff Nolan 721 N 14th Ave Winterset	Reimbursement for postcards - Kinkos	136. ⁹⁹ ₋
4/16/08	ID# CK# 08	Union St Bank 201 W Court Ave Winterset	Reimbursement for postage on postcards	450. ⁸⁴ ₋
SUB-TOTAL				\$1,883. ⁵⁷
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 88A.402(3)(f).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Kcs

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/16/08	ID# CK# 09	Newton Mtg 1123 1st St Newton IA 50208	Stickers - Bal due on invoice	\$28 ⁷⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$28 ⁷⁰
TOTAL (if last page of this schedule)				\$1912 ⁵⁷

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Kes

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
3/24/08	Winterst Madison on Newspaper 215 N. 1st Ave Winterst IA 50273	Ad	\$ 74 ¹⁰
3/25/08	The Shopper 215 N 1st Ave Winterst	Ad	93 ⁶⁰
4/13/08	Graphic Creations 2023 Nth 8th Ave Winterst	Yard Signs	401 ²⁵
SUB-TOTAL			\$ 568 ⁹⁵
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 568 ⁹⁵

*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote Yes



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4/18/05	Julia Ferrer 212 N. 14th Ave, Winterset IA 50273	N/A	web page	\$ 76 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 76 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 76 ⁰⁰	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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